

FILED NOV 16 1948

3010

Registrar's No. **340**

Registration District No. **33**

Primary Registration District No. **3010**

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Rita Magdalena Schweigert
3. (b) If veteran, —
name war —
3. (c) Social Security No. 500-24-2836

4. Female 5. Color or race White
6. (a) Single, widowed, divorced, Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased July 25, 1926
(Month) (Day) (Year)

8. AGE: Years 22 Months 2 Days 25
If less than one day hr. min.

9. Birthplace Ste Genevieve County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Factory Worker

11. Industry or business —

12. Name Wm. A. Schweigert

13. Birthplace Ste Genevieve County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Deller

15. Birthplace Ste Genevieve County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. A. Schweigert

(b) Address Perryville, Ind. R. 2

17. (a) Burial (b) Date thereof 10-23-1948
(Burial) (Month) (Day) (Year)

(c) Place: burial Catholic Cemetery, St. Mary, Mo.

18. (a) Signature of funeral director Bey Funeral Home

(b) Address Perryville, Mo.

19. (a) 11-8-48 (b) W. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ind. (b) County Perry
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. R. 2, H. 2
(If rural, give location)
(e) Citizen of foreign country? (No or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th
year 1948 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from 10-19-48 to 10-20-48
that I last saw her alive on 10-20-48
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Myocardial Degeneration

Due to (1) Prolonged diabetes

Due to (2) Acute + chronic Agonemic Nephritis

Other conditions (1)
(Include pregnancy within 3 months of death)

Major findings: Of operations Cause of death reported from autopsy findings

Of autopsy —

22. If death was due to external cause, all in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence —

(c) Where did injury occur? ✓
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓
(Specify type of place)

While at work ✓ (e) Means of injury ✓

23. Signature William E. Jackson, M.D.

Address — Date signed 11-4-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

Health Officer No. 4

Number 114.8-146

Date 11-15-48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3866

P. O. Address Perryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.